

QBE EVENTS LIABILITY Insurance PROPOSAL

IMPORTANT NOTICE

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Please provide full & detailed answers to the following questions.

If there is insufficient space to complete answers, attach a separate sheet with the additional information.

Please Note: If incomplete or unclear, prior to sourcing terms, additional time will be required to obtain full details.

1. INSURED'S NAME (S)

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2. ADDRESS / SITUATION (S)

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3. Event Venue

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4. Full details of occupation (including subsidiary companies)

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5. Numbers of years in this business

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6. Previous industry experience if less than five years in business

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7. Are any activities conducted outside Country? If Yes, provide details.

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8. Details of all claims or incidents in the past 5 years

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9. Estimated Turnover or Revenue from this event.

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| RM |
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10. Estimated payroll & number of employees

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| RM |
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11. If Contractors & Sub-Contractors are engaged, advise nature of the work undertaken.

Payment to Sub-Contractors:

RM

12. Is the Insured responsible for the hiring of venues?

13. Provide details of any indemnities or "Hold Harmless" agreements given to other parties.

14. Does the event involve the use of water craft, aircraft or motorized vehicles?

If so, please supply details.

15. LIMIT OF LIABILITY

RM

16. List of events organized in the past 2 years:

17. Name of event and duration.

Period of Cover required:

From:

To:

18. Capacity and expected attendance for this event.

19. Is the venue provider checked for the existence of Liability cover?

Yes / No

If Yes, Limit of Liability: RM

20. Full details of activities to be provided, catered for or organized (including parades, stalls, catering, entertainment, sports, events, rides or amusement). Confirm the insured's role in the event.

21. Are all participating entities checked for the existence of Liability cover?

Yes / No

If Yes, Limit of Liability: RM

22. Are all road closures, traffic diversions or the like performed in accordance with Council or Police requirements?

23. Does the Insured:

I. Supply, install or dismantle temporary seating or staging.

Yes / No

II. Supply alcohol

Yes / No

III. Arrange fireworks or pyrotechnics

Yes / No

IV. Arrange audience participation in any events

Yes / No

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| 24. What security arrangements are being put in place? Who will provide that security? |
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| 25. Does the Insured arrange for site inspection to ensure no obvious hazardous conditions exist? Is there an emergency evacuation plan in place? |
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| 26. IS CANCELLATION & ABANDONMENT COVER REQUIRED? |
| SUM INSURED RM 30,000 in aggregate |
| Yes / No If Yes, please complete below: |

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| 27. List budgeted Expenses |
| RM |

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| 28. Is the Event open to the public? |
| Yes / No |

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| 29. Will the Event be held outdoors and/or under canvas? |
| Yes / No |

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| 30. Will adverse weather prevent completion of the Event? |
| Yes / No |

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| 31. Will the venue require construction work? |
| Yes / No |

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| 32. Have all licenses, permits been obtained? |
| Yes / No |

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| 33. Have all arrangement for successful completion of the Event been made? |
| Yes / No |

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| 34. Would the non-appearance of any individual prevent successful completion of the Event? |
| Yes / No |

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| 35. Has the Event ever sustained an insured loss? |
| Yes / No |

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| 36. Is the Insured aware of any circumstances that may possibly result in a claim under this cover? |
| Yes / No |

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| I/We do hereby declare that: | |
| 1. | I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above. |
| 2. | This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued. |
| 3. | I/We declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract proposed. |
| Signature (s): | <input type="text"/> Date (dd/mm/yy): <input type="text" value=" / / "/> |
| Title: | <input type="text"/> |